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Your project partner!

Sampling Data Sheet

for

Asbestos, Lead, Mold & Other



(Please Type or Print)

Client Name: ERLAN CONSTRUCTION

Project#: \_\_\_\_\_

Job Location: RAINIER BREWERY, SEATTLE WA

NVL Batch #: \_\_\_\_\_

Total Samples 3

Results Needed By 24 HRS  
Company \_\_\_\_\_

Date \_\_\_\_\_

Sampled by: <u>P. Jackson</u>		<u>PW Jackson - NVL</u>	<u>6/4/04</u>
Relinquished by: <u>P. Jackson</u>			<u>6/6/04</u>
Received by: _____			
Analyzed by: _____			
Reviewed by: _____			

Sample ID: <u>60491</u>	Location: <u>BUILDING 9-2ND PLATFORM</u>
Sample Type: <u>A</u>	Activities: _____
Protection: _____	Worker: _____
Decon: _____	Time: Start <u>13:16</u> Rate: Start <u>9</u>
Environment: _____	End <u>16:07</u> End <u>9</u>
Pump #: <u>3</u>	Liters <u>1539</u>
Date: _____	Minutes= <u>171</u> Average= <u>9</u>
	Fibers /fields _____ LOD _____ Fibers /cc _____

Sample ID: <u>60492</u>	Location: <u>BUILDING 9-1ST LEVEL UP</u>
Sample Type: <u>FB</u>	Activities: _____
Protection: <u>A</u>	Worker: _____
Decon: _____	Time: Start <u>13:20</u> Rate: Start <u>10</u>
Environment: _____	End <u>16:11</u> End <u>10</u>
Pump #: <u>2</u>	Liters <u>1777</u>
Date: _____	Minutes= <u>177</u> Average= <u>10</u>
	Fibers /fields _____ LOD _____ Fibers /cc _____

Sample ID: <u>60493</u>	Location: _____
Sample Type: <u>FB</u>	Activities: _____
Protection: _____	Worker: _____
Decon: _____	Time: Start _____ Rate: Start _____
Environment: _____	End _____ End _____
Pump #: _____	Liters _____
Date: _____	Minutes=_____ Average=_____
	Fibers /fields _____ LOD _____ Fibers /cc _____

Sample ID: _____	Location: _____
Sample Type: _____	Activities: _____
Protection: _____	Worker: _____
Decon: _____	Time: Start _____ Rate: Start _____
Environment: _____	End _____ End _____
Pump #: _____	Liters _____
Date: _____	Minutes=_____ Average=_____
	Fibers /fields _____ LOD _____ Fibers /cc _____

SAMPLE TYPES

- |                     |                        |
|---------------------|------------------------|
| P Pre abatement     | X Aggressive clearance |
| A Area              | FB Field blank         |
| I Inside reg. area  | TB Trip blank          |
| O Outside reg. area | B Breathing zone (TWA) |
| H HEPA exhaust      | C Ceiling (STEL)       |
| CL Clearance        |                        |

CONTROLS

- |                        |                      |                |
|------------------------|----------------------|----------------|
| RESP. PROT             | DECON.               | ENVIRONMENT    |
| PA Pressure dem. air   | D,S Decon. w/ shower | H HEPA vac.    |
| CA Continuous flow air | D Decon. w/o shower  | N Negative air |
| PAPR                   |                      | G Glovebag     |
| F Full face mask APR   |                      | O Outside      |
| M Half face mask APR   |                      |                |

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